



7-25-05

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PATENT

Attorney's Docket No. MP0390

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Inventor:** Ho, Son H. et al

**Group Art Unit:** To Be Assigned

**Serial No.:** 10/626,507

**Examiner:** To Be Assigned

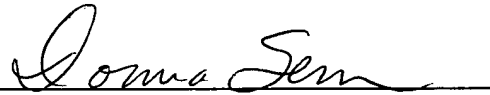
**Filed:** July 24, 2003

**Title:** Line Cache Controller

**CERTIFICATE OF MAILING**

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Date: July 22, 2005

  
Donna Senn

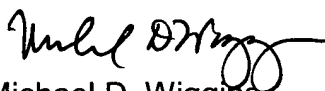
**STATUS INQUIRY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please notify the undersigned of the status of the subject application.

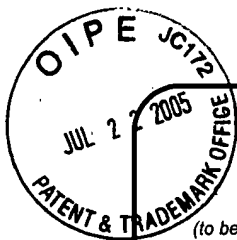
Respectfully submitted,

  
Michael D. Wiggins  
Attorney for Applicant  
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Please address all correspondence to:

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Customer No. 26703

Date: July 22, 2005



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/626,507
	Filing Date	July 24, 2003
	First Named Inventor	Ho, Son H. et al
	Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	MP0390

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Postcard</b>
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael D. Wiggins	Reg. No. 34,754
Signature			
Date	July 22, 2005		

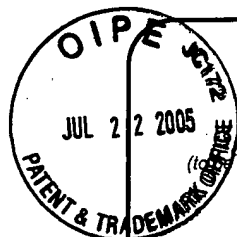
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael D. Wiggins	Reg. No.	34,754
Signature					
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